

City of Robinson

WWTF



Telephone: (618) 544-8110 Fax: (618) 544-4300

ROBINSON, ILLINOIS 62454

October 25, 2021

Mr. Craig Parrish
Crawford Memorial Hospital
1000 N. Allen Street
Robinson IL 62454

Dear Craig:

Attached please find the Industrial User Inspection Checklist we use for your facility. Please review the forms and see if there are any changes to be made. I will also give you the opportunity to fill out this pre-inspection form via e-mail from me prior to my annual site visit. You may return the form to me during the inspection and/or via email ahead of the visit date. I will get in touch with you in soon to set up a date and time for your annual inspection.

Sincerely,

City of Robinson

Lawrence E. Quick
Superintendent, Public Works
(618) 562-0040
email: potw@frontier.com

INDUSTRIAL USER (IU) INSPECTION CHECKLIST

Inspection Date: 10/28/2021 @ 1 PM

1. Industry Name: Crawford Memorial Hospital
Permit/I.D. Number: RH20
2. Site Address: 1000 N. Allen Street, Robinson Illinois, 62454
3. Correspondence Address: 1000 N. Allen Street, Robinson Illinois, 62454
4. Contact Name: Craig Parrish
Title: Plant Operations Director
Telephone Number: (618) 546-2512
5. Control Authority Name: City of Robinson IL WWTF
6. Year the Industry was established on site: 1959
7. Number of Employees per shift: 1/ 193 2/ 67 Total: 260
8. Applicable Standard Industrial Classification (SIC) Codes: 8062
9. Description of each discharge (including any batch discharges) including the amount, chemical nature, frequency, and destination of each discharge:

One eight (8) inch, two six (6) inch and one four (4) inch discharge line.
Average discharge, 8,000 – 9,000 gallons per day
Laundry, Restrooms, Cafeteria & Boiler.
10. Combined waste formula used: Yes ____ No ____ N/A X
11. Sampling location(s): Outfall 001, Sampling manhole just west of the corner of Craft & Allen Streets in the hospital yard.

12. Process flow diagram: (Particularly processes which may be subject to Federal Categorical Pretreatment Standards.)

N/A

13. Pretreatment Facilities: (Including operating data)

N/A

Industrial User (IU) Inspection Checklist Page 3

- 14 . Certified Operator employed: Yes _____ No _____ N/A X
15. B.M.R. submitted: Yes _____ No _____ N/A X
16. I.U. on compliance schedule: Yes _____ No X N/A _____
17. Final Compliance Report submitted: Yes _____ No _____ N/A X
18. Periodic Compliance Report submitted: Yes _____ No _____ N/A X
19. Slug load/Accidental spill discharge notified to Control Authority: Yes _____ No _____ N/A X
20. Self-monitoring performed and reports submitted to Control Authority as required by control document: Yes _____ No _____ N/A X
21. T.T.O. Monitoring or Toxic Organic Management Plan submitted: Yes _____ No _____ N/A X
22. Sampling and Analysis done by: I.U.: Pace Analytical
Control Authority: Robinson WWTF Lab
Commercial Lab: Pace Analytical
P.O. Box 569
Farmersburg IN 47850-0569
23. Sampling and Analysis Procedures in Conformance with 40 CFR 136.3: Yes X No _____ N/A _____
24. Sampling date, time, exact location, method and the name of person taking the sample(s) recorded: Yes X No _____ N/A _____
25. Analysis date(s), time, individual performing analysis and analytical techniques/methods used/recorded: Yes X No _____ N/A _____

Industrial User (IU) Inspection Checklist Page 4

26. Chain of custody procedures employed: Yes ☒ No ☐ N/A ☐
27. Q.C./Q.A. programs implemented: Yes ☐ No ☐ N/A ☒
28. Required reports signed by an authorized representative of the IU Yes ☒ No ☐ N/A ☐
29. Required reports retained for a minimum of three years: Yes ☒ No ☐ N/A ☐
30. I.U. presently under an informal/formal (circle) enforcement action by control Authority: Yes ☐ No ☒ N/A ☐
31. Any other Environmental Control Permits held by I.U. None
32. Description of Air Pollution Control equipment that may generate a waste stream, pollutants which are likely to be found in the waste stream and the discharge or disposal method and location: None
33. How waste residuals (solids) are handled, stored and/or disposed:
All medical waste is stored in a walk-in cooler and then picked up by stericycle, Inc. One Technology Place, Beaver Dam, KY 42320
34. Proximity of chemical storage to floor drains and whether floor drains discharge to storm or sanitary sewers:
Chemical stored near floor drains are in double containment. 2" floor drains discharge to sanitary sewer.
35. Spill control practices:
Chemicals are double contained in plastic barrels.

Industrial User (IU) Inspection Checklist Page 5

36. I.U. has a written and readily available
Chemical Safety Contingency Plan (CSCP) Yes _____ No _____ N/A X

37. Employee education program been developed
and implemented for all employees responsible
for implementing the CSCP Yes X No _____ N/A
Annual Training

38. Safety Problems (specific hazards): None

39. Operational Problems: None

40. Recent/Proposed Changes:

41. Analytical Results (List pollutants & results)

Date	BOD ₅	TSS	pH	FOG	
10/13/21	249	201	8.0	12	

42. Deficiencies/Recommendations (Compliance with wastewater discharge limitations, reporting requirements, self-monitoring requirements, etc.):

--